OFF CAMPUS ELECTIVE EVALUATION FORM

Please write your name on the back of this paper. We will not give your name to other students who want to know about the site, but we need to know that you have submitted this evaluation. Your name and evaluation are kept separately from any evaluation returned to us from the site and will not affect your grade in any way. The purpose of this evaluation is to help us learn about our 4th year curriculum and the types of elective rotations our students feel are most helpful to their education. It also provides other students with information about the site before they go. Thank you.

In lieu of completing an electronic evaluation in CBase, please write a paragraph evaluating your experience at this site so that other students might know what to expect if they go there. Your grade for this elective will be entered to Cbase after this evaluation is received in the Office of Medical Education, HSC Level 4, Room 158. You can also email this evaluation to Bonita.Chalson@stonybrookmedicine.edu or fax it to 631-444-9521.

Name of the site (required):

Name of elective taken:____________________________________________________

What learning objectives did you list on your Elective Approval Form?
1. 
2. 
3. 
4. 

Was the site able to provide the education needed to meet these objectives?
Explain.

You can either answer the following questions separately, or write a paragraph using these questions as a guide. What were your roles and responsibilities while at this site? Was the faculty available and responsive to your learning needs? Describe the patient population. Describe your living conditions. What was the learning environment like? How is this site different from any experience you could have had at any of Stony Brook’s home sites (UH, WUH, NUMC, VA)? How did this experience enhance your learning in medical school? Which competencies did this elective best address and why? How did the site assess whether or not you met the learning objectives?